

APPLICATION FOR CERTIFIED COPY OF DIVORCE RECORD

INFORMATION:

Divorce records have been maintained in the California Department of Public Health Vital Records only from 1962 to June 1984. For these years, we are only able to provide you with a Certificate of Record, which identifies the names of the parties, filing date, county, and case number of the divorce. Copies of the **actual divorce decree** can only be obtained from the Superior Court in the county where the divorce took place. **Our processing time for divorce records can be quite lengthy and may exceed six months.**

INSTRUCTIONS:

1. Use a separate application for each different record that you are requesting. Include \$13 for **each** divorce record request. If we cannot locate the record based on the information you provide, state law requires that we keep the fee (for our searching efforts), but we will provide you with a "Certificate of No Public Record."
2. Provide as much information as possible to help us locate the specific record you are requesting. Complete **First and Second Person Information** for divorce requests. If the information you provide is incomplete or inaccurate, we may not be able to locate the record.
3. Identify the number of copies you want. Include a check or money order made payable to **CDPH Vital Records** (for out-of-country requests, use an international money order payable in U.S. dollars). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH CANNOT BE HELD RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED). Mail completed application with the fee(s) to the CDPH Vital Records at the address below.
4. **Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

Fee: **\$13 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH**
(CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)		Today's Date:		
Agency Name (if appropriate)		Agency Case No.	Purpose of Request	
Print Name of Applicant		Signature of Applicant		
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money Order		Number of Copies
City		Mailing Address of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code
DIVORCE RECORD: Complete Petitioner and Respondent Information				
Name of First Person – FIRST Name	MIDDLE Name	CURRENT LAST Name		BIRTH LAST Name
Name of Second Person – FIRST Name	MIDDLE Name	CURRENT LAST Name		BIRTH LAST Name
Date of Divorce – Month, Day, Year (If Date Unknown, Enter Year(s) to be Searched)		County of Divorce		

DIVORCE

Page 1 of 1